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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDAL MAY 21 A. 10: 01:

(Buter matric c	doment Services, Inc. f corporation; must include "INCORPORAT "Corp," "Inc," "Co," or "Corp.")	'ED,"	SECRETARY OF ST "COMPANY," "CORPORATION," FALL AHASSES, FLI
(If name unav	silable in Florida, enter alternata corporate n	atne a	dopted for the purpose of transacting business in Florids)
Pomsylvan		3.	
(State or count	n which it is incorporated)		(FEI number, if applicable)
07/23/2202		5. 1	perpensel
(D	ate of incorporation)		(Duration: Year corp. will coase to exist or "perpetual")
upon qualifica	tion.		
	sacted business in Florida. If corporation has	501,	ransacted business in Florida, insert "upon qualification.") 607.1502 and 817.155, F.S.)
1424 Easton R	oad, Ste. 100, Horsham, Pennsylvania 19044	;	
	(Principal office		\$4.)
,			
	(Current mailing	eqque	as)
	(Current grailing	addre	as)
	e Agency		
(Purpose	e Agency (a) of corporation authorized in home state of	K COIII	
Name and g	e Agency (a) of corporation authorized in home state of	K COIII	ntry to be carried out in state of Florida)
(Purpose Name and gi Name:	e Agency (a) of corporation authorized in home state of reet address of Florida registered agen C T Corporation System	K COIII	ntry to be carried out in state of Florida)
(Purpose Name and gi Name:	e Agency (a) of corporation authorized in home state of reet address of Florida registered agent C T Corporation System 1200 South Pine Island Road	er coun	ntry to be carried out in state of Florida) 2.0. Box or Mail Drop Box <u>NOT</u> acceptable)
(Purpose Name and gi Name:	e Agency (a) of corporation authorized in home state of reet address of Florida registered agent C T Corporation System 1200 South Pine Island Road	er coun	ntry to be carried out in state of Florida) 2.0. Box or Mail Drop Box <u>NOT</u> acceptable)
(Purpose Name and gi Name:	e Agency (a) of corporation authorized in home state of reet address of Florida registered agent C T Corporation System 1200 South Pine Island Road	er coun	ntry to be carried out in state of Florida)
(Purpose Name and gi Name: ffice Address:	e Agency (a) of corporation authorized in home state of rest address of Florida registered agent C T Corporation System 1200 South Pine Island Road Plantation (City)	er coun	ntry to be carried out in state of Florida) 2.0. Box or Mail Drop Box <u>NOT</u> acceptable)
(Purpose Name and gi Name: ffice Address:	e Agency (a) of corporation authorized in home state of rest address of Florida registered agent C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance:	at: (P	ntry to be carried out in state of Florida) 2.0. Box or Mail Drop Box NOT acceptable) , Florida
(Purpose Name and gi Name: ffice Address: Registered aving been na	e Agency (a) of corporation authorized in home state of rest address of Florida registered agen C T Corporation System 1200 South Pine Island Road Flantation (City) agent's acceptance: mad as registered agent and to accept se is application, I hereby accept the appoint	rvice	ntry to be carried out in state of Florida) 2.0. Box or Mail Drop Box NOT acceptable) , Florida
(Purpose Name and gi Name: ffice Address: A Registered aving been name in the property of the	e Agency (a) of corporation authorized in home state of rest address of Florida registered agen C T Corporation System 1200 South Pine Island Road Flantation (City) agent's acceptance: mad as registered agent and to accept se is application, I hereby accept the appoint	rvice	ntry to be carried out in state of Florida) 2.0. Box or Mail Drop Box NOT acceptable) , Florida
(Purpose Name and gi Name: ffice Address: A Registered aving been name in the property of the	e Agency (a) of corporation authorized in home state of rest address of Florida registered agent C T Corporation System 1200 South Pine Island Road Flantation (City) agent's acceptance: mad as registered agent and to accept se is application, I hereby accept the appoint comply with the provisions of all statute or with and accept the abligations of my	rvice	ntry to be carried out in state of Florida) 2.0. Box or Mail Drop Box NOT acceptable) , Florida
(Purpose Name and gi Name: ffice Address:). Registered aving been na signated in the order agree to sed I am familia	e Agency (a) of corporation authorized in home state of reet address of Florida registered agen C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: mad as registered agent and to accept se is application, I hereby accept the appoint comply with the provisions of all statute comply with the provisions of all statute.	rvice	ntry to be carried out in state of Florida) 2.0. Box or Mail Drop Box NOT acceptable) , Florida

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

FILED

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Chakman	1 281 HAY 21 A 10 94
Address:	SECRETIAY OF STATE TALLAHASSES, FLORIDA
•	TALLAHASSEL, FLUIOUS.
Vice Chei	TTURN:
Address:	
Director:	Glean Freezman
Address:	1424 Easton Road, Ste. 100, Horsham, Pennsylvania 19044
Director.	Nadine Esposito
Address:	1424 Beston Road, Ste. 100, Horsham, Fennsylvania 19044
B. OFF	CERS
President:	Glenn Freezman
Address:	1424 Easton Road, Ste. 100, Horsham, Pontsylvania 19044
Vice Presi	ident:
Address:	
	<u>'</u>
Secretary:	Nadine Esposito
Address:	1424 Easton Road, Ste. 100, Horsham, Pennsylvania 19644
Trouvuser.	
Address:	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Director or Officer listed in number 12 of the application)
	(Signature of Sincer of Olinear asset in animper 12 of the application)
14	(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

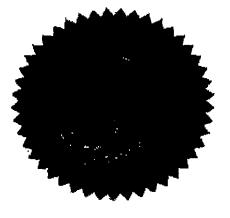
April 29, 2004

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CUSTOM SETTLEMENT SERVICES, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

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